

Other things I would like you to know about our family. (optional)

Brothers and sisters at home:

Name	Age	Grade

My contact information:

The best way to reach our family is:

____ Phone ____ Email ____ Note sent home with child

Address: _____

Phone number: _____

Email: _____

Name of person completing questionnaire: _____

Relationship to child: _____



Thank You!

Getting to Know Your Family



PLEASE NOTE: Completing this questionnaire will be helpful to us in getting to know your child, but is optional.

I am looking forward to getting to know both you and your child this year!

My child's name is: _____

We speak the following languages in our family: _____

Our family speaks ____ to our kindergartener when we are at home. (circle one)

- Only English
- Mostly English
- Both equally
- Mostly home language but some English
- Only home language (not English)
- Not application

Our Kindergartener speaks ____ to our family when he/she is home. (circle one)

- Only English
- Mostly English
- Both equally
- Mostly home language but some English
- Only home language (not English)
- Not application

Our Kindergartener looks at books and magazines at home. (circle one)

- Every DAY
- A few (3-4) times a WEEK
- Several (6-10) times a MONTH
- A few (3-4) times a MONTH
- Not regularly

Someone in my family reads to our Kindergartener. (circle one)

- Every DAY
- A few (3-4) times a WEEK
- Several (6-10) times a MONTH
- A few (3-4) times a MONTH
- Not regularly



Our Kindergartener talks with people in our family about the things he/she does. (circle one)

- Every DAY
- A few (3-4) times a WEEK
- Several (6-10) times a MONTH
- A few (3-4) times a MONTH
- Not regularly

Our Kindergartener uses a computer, tablet or cell-phone to Learn or play games. (circle one)

- Every DAY
- A few (3-4) times a WEEK
- Several (6-10) times a MONTH
- A few (3-4) times a MONTH
- Not regularly



Where did your child spend MOST of his/her time during the day for each age?

Circle FT (all day) or PT (part of the day).

	Birth to Age 1	Ages 1-2	Ages 2-3	Ages 3-4	Ages 4-5
Child Care Center /Preschool	FT / PT	FT / PT	FT / PT	FT / PT	FT / PT
Family Childcare	FT / PT	FT / PT	FT / PT	FT / PT	FT / PT
Head Start	FT / PT	FT / PT	FT / PT	FT / PT	FT / PT
School District Preschool	FT / PT	FT / PT	FT / PT	FT / PT	FT / PT
Stay at child's home or relative /friend's home (no payment given)	FT / PT	FT / PT	FT / PT	FT / PT	FT / PT
I don't know	FT / PT	FT / PT	FT / PT	FT / PT	FT / PT

Was your child ever in a  program?

_____ Yes _____ No _____ I don't know

Has your child ever received early intervention or preschool special education services? (i.e., speech/language therapy, physical therapy, occupation therapy)

Yes (please check which years apply)

Ages 0-3 years old

Ages 3-5 years old

_____ Yes _____ No _____ I don't know

Has your family participated in any home visiting programs during your child's first five years? (i.e., Parents as Teachers, Early Head Start, Nurse Family Partnerships, or Healthy Families America/Smart Start)

_____ Yes _____ No _____ I don't know